United tes Environmental Protection Agency Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



rator ⁰⁽⁶⁾			Owner	: 5(0)		e
	nty: OSAGE				ory Number: OS6	
Well Activity Disposal No. of Wells:	= 3	Township: 23N Type of Permit Individual Area	N Range: 0	/E Surface	<u>w</u>	N/450W ell Number JGG 5
	Inject Press		Total Vo		Tubing-Cas Pressure (Op	sing Annulus tional Monitor
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2012	VAC	VAC	30,000			
Feb 2012			. 1		A 88 2	D 20
Mar 2012						ii ii
Apr 2012)		27		1 2
May 2012				8	a)	
Jun 2012						20
Jul 2012						
Aug 2012				gen	1) (12)	e v
Sep 2012	# (2)			<i>y</i>	er .	
Oct 2012				*		
Nov 2012				9		
Dec 2012		,	30,000	8	21	
with a system des of the person or p submitted is, to th	signed to assure that ersons who manage se best of my knowled	ocument and all attac qualified personnel pr the system, or those tge and belief, true, a	operly gather and e persons directly res ccurate and comple	red under my dire valuate the inform ponsible for gathe te. I am aware the	ction or supervision in lation submitted. Base aring the information, that there are significant s. (Ref. 40 CFR 122.	ed on my inquiry ne information penalties for
Name and Of	ficial Title:	S	ignature:	1	Date Signe	ıd.

Scan Code: 30

Osage Nation / Environmental Protection Agency P. O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew Yates	Dt/Tm Inspected: <u>6/26/2012 2:30:00 PM</u> Duration: <u>0.8</u>				
Operator Representative: TOBY CLEMISHIRE	Dt Scheduled: Dt Op Notified				
General Well Data and Inspection Information					
	Inventory No.: OS6031 API Well No. 35-113-30780-00-00 Well Name/No.: BUGG 5 Status: AI Location: NW 36 23N 7E 450W - 300N Well Type: SWD Field Nm: Lat/Lng: 36.433545, -96.513045 G				
	W/MIT INSPECTION				
	pany at Time of Inspection:				
Inspect No.: <u>iJAY1218441905</u> Notification Type:					
Incident No.: Date Letter Sent to Comply No.: Date Remedy Requ	Owner: Extension Date: uired: Date Passed:				
Bute Remedy Requ	Date I assett.				
Pres	sures / Conditions				
Date Last MIT: 6/26/2012 Test Result:	Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf				
Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Y Injecting?: Y	Fittings: Y Y AUTHORIZED Actual Pressure: -31 0 Max Pressure: 0 How Determined?: UIC UIC Min Req Press: Static Fluid Level: 0 Max Rate: How Determined?: O Injection Rate (bpd): How Rate Determined?				
	Comments				
ACTIVE WELL, HELD PRESSURE-OK.					
Evaluation: Name: June 1	Date: 1/16/12				
Inspection Results: Follo					
Violation Code: None Frequen	cv: NR Received Date: 7/13/2012				

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency P.O. Box 1495 Pawhuska, OK 74056

Inspector: J. Andrew Yates Test Date: 06/26/2012 Test Time: 2:30 PM Operator Representative: TOBY CLEMISHIRE Date Report Sent to Operator: General Well Data Operator: Inventory Number: OS6031 API Well No.: 35-113-30780-00-00 Well Name/No.: BUGG Location: NW 36 23N 7E 300N - 450W Phone: Field name: Injection Interval: 2299 - 2305 USDW Bot: 300 Well Type: SWD Annulus Fluid Type: Concentric Pkr: - Packer Depth: 2265 Casing: 7.000 in. Tubing: #####in. **Tubing and Annulus Pressure Test Results** Type of MIT: Std. Annulus Pres. Test Test Reason: 3-year Test Inj. Status: Y Inj. Rate: bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: Hrs Tubing Annulus Flowback Pressure Volume Time Pressure **Time** Pressure High: 200 psi Pre-Test: 0 psi 0 Mid: 100 psi 2500 ml Initial: 2:30 PM 0 200 psi Low: 20 __ psi __ 2500 ml Mid: 2:45 PM 200 psi End: 0 psi 1500 Final: 3:00 PM 200 psi Total Volume: 6500 Casing/Tubing Annulus Monitoring ADA Pressure Test - Required Test Pressure Device: (Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure) Fluid Level: ____ Annulus Prs: Tubing Annulus Test Result: Acceptable Depth to Top Perf/Open Hole: _____ ft ft Failure Type: Depth to Fluid Level: ft Failure Cause: Fluid Column Height: ft ft

Additional Comments for Mechanical Integrity Test

Specific Gravity of Fluid:

Nitrogen Weight Factor:

Required Test Pressure:

OIL FLOWBACK.

Engineer Signature: Rick L. Davis

07/09/2012

Repair Due:

Review Date:

1.06

1.06

____ psi

Scan Code: 30

Osage Nation / Environmental Protection Agency

Inspector: J. Andrew Yates	Dt/Tm Inspected: 4/10/2012 12:30:00 PM
Operator Representative: NONE.	Dt Scheduled: Dt Op Notified
	General Well Data and Inspection Information
Operator: b(6) Phone:	Inventory No.: OS6031 API Well No. 35-113-30780-00-00
	ROUTINE UIC INSPECTION
Purpose: Routine Periodic	Responsible Company at Time of Inspection: b(6)
Inspect No.: <u>iJAY1210741896</u>	Notification Type:
Incident No.:	Date Letter Sent to Owner: Extension Date:
Comply No.:	Date Remedy Required: Date Passed:
	Pressures / Conditions
Date Last MIT:	Test Result: Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf
Barrel Monitor Hooked Up?: _ Barrel Fluid Level (%): _ Flowline Hooked Up?: _	Tubing Annulus Fittings: Y Y AUTHORIZED Actual Pressure: -31 0 Max Pressure: 0 How Determined?: UIC UIC Min Req Press: Static Fluid Level: Max Rate: How Determined?: Injection Rate (bpd): How Rate Determined? Comments
Evaluation: Name: Inspection Results:	Date: 5/3/12 L Follow-up: A Reason: Sec
Violation Code: _/	
violation Code.	Prequency: NF Received Date: 5/2/2012

tates Environmental Protection Ag **Underground Injection Control Program** 1445 Ross Avenue



RECEIVED

JAN 2 3 2012

OEN-W

Dallas, TX 75202-2733

e: OK Cou			Owner: b(6)				
	nty: OSAGE Section: 36	Township: 23N	Range: 07		ory Number: OS6 e Location: 300		
Well Activity Disposal No. of Wells:	.	Type of Permit Individual Area	Lease Name	G		<mark>ell Number</mark> JGG 5	
	Inject Press		Total Vo Inject			sing Annulus tional Monitor	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG	
Jan 2011	VAC.	6	30,000				
Feb 2011	1		/				
Mar 2011					,		
Apr 2011))				
May 2011							
Jun 2011	.)						
Jul 2011							
Aug 2011							
Sep 2011					***		
Oct 2011							
Nov 2011			(
Dec 2011	VAC	0	30,000				
with a system des of the person or p submitted is, to th	signed to assure that ersons who manage e best of my knowled offormation including the	locument and all attach qualified personnel pro the system, or those p dge and belief, true, acc he possibility of fine an	perly gather and eversons directly responsed in complete and completed imprisonment for	ed under my dire- valuate the inform consible for gathe e. I am aware tha	ation submitted. Base ring the information, th at there are significant is. (Ref. 40 CFR 122.2	ed on my inquiry the information penalties for 22).	
b(6)	nciai i ili6,	Sig . <mark>b(6)</mark>	gnature:	1	Date Signe		

Url J States Environmental Protection Age Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



Annual Disposal/Injection Well Monitoring Report

e: OK Cou	nty: OSAGE			Invent	ory Number: OS	6031000
Section: NW	Section: 36	Township: 23	BN Range: 0	7E Surfac	e Location: 300	N/450W
Well Activity Disposal No. of Wells:	<u></u>	Type of Permit Individual Area	Lease Name			/ell Number UGG 5
	Inject Press		Total V Injec			sing Annulus otional Monitor
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2010	VAC	VAC	30,000			
Feb 2010			5	•		
Mar 2010						
Apr 2010						
May 2010			·			
Jun 2010						
Jul 2010)			
Aug 2010						
Sep 2010						
Oct 2010		a the				
Nov 2010						
Dec 2010	(•			

SFLM

United States Environmental Protection Agenc, Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



Annual Disposal/Injection Well Monitoring Report

erator: ^{b(6)}			Owner	·;b(6)			
te: OK County: OSAGE Section: NW Section: 36		Township: 23N	Range: 0		ory Number: OS6 e Location: 300		
Well Activity Disposal No. of Wells:		Type of Permit Individual Area	idual		Bl	Well Number BUGG 5	
	Injed Pres		Total Vo		_	ing Annulus tional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG	
Jan 2009	VAC	VAC	30,000				
Feb 2009	1	1	и				
Mar 2009			£c.				
Apr 2009			v .			:	
May 2009			H				
Jun 2009			4				
Jul 2009			e		·		
Aug 2009	1		te				
Sep 2009			K				
Oct 2009			l,		·		
Nov 2009			Ч				
1	VAC	VAC !	BOOO FICATIO				

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United States Environmental Protection Agenc, Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



Annual Disposal/Injection Well Monitoring Report

450W I Number GG 5 In g Annulus In g Ann
GG 5 ng Annulus nal Monitor
onal Monitor
Max PSIC
COO

Incomple

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495 Pawhuska, OK 74056

Inspector: J. Andrew Yates	Test Date: <u>07/30/2009</u> Test Time: <u>1:30 PM</u>
Operator Representative: TOBY CLEMISHIRE	Date Report Sent to Operator:
Gener	al Well Data
Operator:	Inventory Number: OS6031
	API Well No.: 35-113-30780-00-00
	Well Name/No.: BUGG
	Location: NW 36 23N 7E 300N - 450W
Phone:	Field name:
Injection Interval: 2299 - 2305 USDW Bot: 300	Well Type: SWD
Annulus Fluid Type: Concentric Pkr:	Packer Depth: <u>2265</u> Casing: <u>7.000</u> in. Tubing: <u>2.875</u> in.
	D T (D)
	us Pressure Test Results
Type of MIT: Std. Annulus Pres. Test	Test Reason: 3-year Test
	r Lining: Seal-tite Dual Time Since Ann Filled: Hrs
Tubing Annulu	
<u>Time Pressure Time Pressur</u>	
Pre-Test: 0 0	_psi Mid:100psi2500ml
Initial: 1:30 PM 0 200	_psi
Mid: 1:45 PM 0 200	_psi
Final: 2:00 PM 0 200	_psi Total Volume:5000_ ml
Casing/Tubing Annulus Monitoring	ADA Pressure Test - Required Test Pressure
Device:	(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)
Fluid Level: Annulus Prs:psi	<u>Tubing</u> <u>Annulus</u>
Test Result: Acceptable	Depth to Top Perf/Open Hole: ft ft
Failure Type:	Depth to Fluid Level: ft ft
Failure Cause:	Fluid Column Height: ft ft ft
Repair Due:	Specific Gravity of Fluid: 1.06 1.06
Engineer Signature: Rick L. Davis	Nitrogen Weight Factor:
Review Date: <u>08/19/2009</u>	Required Test Pressure: psi psi

Additional Comments for Mechanical Integrity Test

Scan Code: 30

Osage Nation / Environmental Protection Agency

Operator Representative: TOBY CLEMISHIRE	Dt Scheduled: Dt Op Notified
	Data and Inspection Information
Operator: b(6) Phone:	
ROUTIN	E W/MIT INSPECTION
Purpose: Responsible Con	mpany at Time of Inspection: 2 ⁰⁽⁶⁾
Inspect No.: <u>iaya0921535242</u> Notification Typ	`
	t to Owner: Extension Date:
Comply No.: Date Remedy Ro	equired: Date Passed:
Pro	ressures / Conditions
	Casing: <u>7.000</u> in. Tubing: <u>2.875</u> in. USDW: <u>300</u> ft subsurf
Monitoring Device: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Injecting?: ACTIVE WELL, HELD PRESSURE-OK.	Tubing Annulus Fittings: Y Y AUTHORIZED Actual Pressure: -30 0 Max Pressure: 0 How Determined?: UIC UIC Min Req Press: Static Fluid Level: 0 Max Rate: How Determined?: 0 Injection Rate (bpd): How Rate Determined? Comments Comments
Evaluation: Name:	The Date: 8/6/09
Inspection Results:/ Fol	llow-up: A Reason: Sec
Violation Code: Nove Freque	

Scan Code: 30

Osage Nation / Environmental Protection Agency

	Dt/Tm Inspected: <u>7/7/2009 9:15:00 AM</u> Duration: <u>0.3</u>			
Operator Representative: BILLY STEVENS/ PUMPER	Dt Scheduled: Dt Op Notified			
General Well Data and Inspection Information				
	Inventory No.: OS6031 API Well No. 35-113-30780-00-00 Well Name/No.: BUGG 5 Status: AI Location: NW 36 23N 7E 450W - 300N Well Type: SWD Field Nm: Lat/Lng: 36.433545, -96.513045 G			
DOUTIN				
	E UIC INSPECTION			
	any at Time of Inspection: b(6)			
Inspect No.: iJAY0919432877 Notification Type: Incident No.: Date Letter Sent to	Owner: Extension Date:			
Comply No.: Date Remedy Requ				
Press	sures / Conditions			
Date Last MIT:3/9/2005 Test Result:	Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf			
Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Y Injecting?: Y	Fittings: Y Y AUTHORIZED Actual Pressure: -26 0 Max Pressure: 0 How Determined?: UIC UIC Min Req Press: Static Fluid Level: Max Rate: How Determined?: How Rate Determined? Injection Rate (bpd): How Rate Determined?			
	Comments			
ACTIVE WELL SCH MIT COMPANY NO				
	READY RESCH. FOR 7/28/2009 @ 1:30PM.			
	Date: 7/29/09			
Inspection Results:/ Follo	w-up: A Reason: Sec			
Violation Code: Made Frequen	cy: AP Received Date: 7/27/2009			

RECEIVED

JAN 12 2009

6EN-W

d States Environmental Protection A Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733

: OK Cou	nty: OSAGE			Invento	ory Number: OS	3031000
ection: NW	Section: 36	Township: 23	N Range: 0	7E Surface	e Location: 300	N/450W
Well Activity Disposal No. of Wells:		Type of Permit Individual Area	Lease Name	'u <i>G</i>		Vell Number UGG 5
	Inject Press		Total Vo		Tubing-Cas Pressure (Op	sing Annulus itional Monito
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2008	VAC	Đ	30,000			
Feb 2008)	1			
Mar 2008						
Apr 2008						-
May 2008					***************************************	
Jun 2008						
Jul 2008						
Aug 2008						
Sep 2008)				
Oct 2008					- 100 PC	
Nov 2008	(.					11 - -
Dec 2008	VAC	0	30,000			
with a system desi of the person or pe submitted is, to the submitting false in	igned to assure that o ersons who manage t e best of my knowled	ocument and all attac jualified personnel pr he system, or those p ge and belief, true, ac e possibility of fine a	operly gather and ev persons directly resp ccurate and complete	ed under my directal aluate the information on sible for gatheries. I am aware that	tion or supervision in ation submitted. Base ing the information, the there are significant in the control of t	d on my inquiry e information penalties for 22).



Scan Code: 30

Osage Nation / Environmental Protection Agency

Inspector: Henry Lookout	Dt/Tm Inspected: <u>8/12/2008 6:40:00 PM</u> Duration: <u>0.3</u>			
Operator Representative: none present	Dt Scheduled: Dt Op Notified			
General Well Data and Inspection Information				
Phone:	Field Nm:Lat/Lng: <u>36.433545</u> , -96.513045 G			
ROUTIN	NE UIC INSPECTION			
Purpose: Routine Periodic Responsible Com	npany at Time of Inspection: Cb(6)			
Inspect No.: iHPL0823139333 Notification Type				
	to Owner: Extension Date:			
Comply No.: Date Remedy Re	quired: Date Passed:			
Pre	essures / Conditions			
Date Last MIT: 3/9/2005 Test Result:	Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf			
Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: N Barrel Fluid Level (%): Flowline Hooked Up?: Y Injecting?:	Tubing Annulus Fittings: Y Y AUTHORIZED Actual Pressure: -26 0 Max Pressure: 0 How Determined?: UIC OV Min Req Press: Static Fluid Level: Max Rate: How Determined?: Injection Rate (bpd): How Rate Determined? Comments			
Lease active, leadline hooked and injecting. Ser Livid level re Livid level	Date: 8/27/08 Ow-up: A Reason: <u>Set</u>			
Violation Code: Name Freque				
violation Code: Freque	Received Date: 0/25/2008			

tates Environmental Protection Age onderground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733

: OK Cou	nty: OSAGE			Invento	ory Number: OS	3031000
ection: NW	Section: 36	Township: 231	N Range: 0		e Location: 300	
Well Activity Disposal No. of Wells:		Type of Permit Individual Area	Lease Name			'ell Number UGG 5
	Injec Press		Total Vo			sing Annulus tional Monitor
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2007	VAC	VAC	30,000			
Feb 2007	/		ĺ			
Mar 2007		/)			
Apr 2007				•		
May 2007						
Jun 2007			7			
Jul 2007						
Aug 2007						
Sep 2007						
Oct 2007						
Nov 2007				-		
Dec 2007	VAC	VAC	30,000			
with a system des of the person or pe submitted is, to the	igned to assure that ersons who manage e best of my knowled	CERTI ocument and all attact qualified personnel pro the system, or those p tge and belief, true, ac the possibility of fine an	pperly gather and e ersons directly res curate and complet	red under my direct valuate the informationsible for gather te. I am aware that	ation submitted. Base ing the information, th t there are significant	ed on my inquiry le information penalties for



Scan Code: 30

Received Date: 4/12/2007

Osage Nation / Environmental Protection Agency P. O. Box 1495

Pawhuska, OK 74056

Inspector: Gary J. Scott	Dt/Tm Inspected: <u>4/2/2007 11:45:00 AM</u> Duration: <u>0.4</u>
Operator Representative: NONE	Dt Scheduled: Dt Op Notified
b(6)	ta and Inspection Information
Operator: Phone:	Inventory No.: OS6031 API Well No. 35-113-30780-00-00 Well Name/No.: BUGG Status: AI Location: NW 36 23N 7E 450W - 300N Well Type: BR Field Nm: Lat/Lng: 36.433545, 96.513045 G
ROUTIN	E UIC INSPECTION
Purpose: Routine Periodic Responsible Comp	pany at Time of Inspection:
Inspect No.: iGJS0710041959 Notification Type:	
	Owner: Extension Date:
Comply No.: Date Remedy Req	
Pres	sures / Conditions
Date Last MIT: 3/9/2005 Test Result:	Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf
Monitoring Device Elected:	Tubing Annulus
Monitoring Device:	Fittings: Y Y AUTHORIZED
FLM Canister Pressure:	Actual Pressure: <u>-20</u> <u>0</u> Max Pressure: <u>0</u>
Lease Status: <u>Active</u>	How Determined?: UIC OV Min Req Press:
Barrel Monitor Hooked Up?:	Static Fluid Level: Max Rate:
Barrel Fluid Level (%):	How Determined?:
Flowline Hooked Up?: Y	Injection Rate (bpd): How Rate Determined?
Injecting?: Y	
Comments	
ACTIVE WELL. WELL IS GRAVITY FED.	
TOTAL WEBBIN OR THE TERM	t , til
*	
Evaluation: Name:	Date: 4/16/07
Inspection Results:/ Follo	w-up: A Reason: Sac

Violation Code: None Frequency: NR

Uni States Environmental Protection Agen Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring ReporteCEIVED Operator: b(6) Owner: (b(6) State: OK County: OSAGE Inventory Number: OS6031000 **Qtr Section: NW** Section: 36 Township: 23N Range: 07E Surface Location: 300 N-450 W **Well Activity** Type of Permit **Lease Name Well Number** DISPOSAL] Individual BUGG 5 No. of Wells: __ Area South Quadrant Reporting Form Injection **Total Volume Tubing-Casing Annulus** Pressure Injected Pressure (Optional Monitor) Month Year Avg PSIG Max PSIG BBL MCF Min PSIG Max PSIG Jan 2006 0 VAC 000 0 ' 0 Feb 2006 000 2006 Mar Apr 2006 May 2006 Jun 2006 Jul 2006 30,000 Aug 2006 30,000 Sep 2006 Oct 2006 Nov 2006 Dec 2006 VAC 0 0 0 CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22). Name and Official Title: Signature: Date Signed: 2-13-07

COUNER - OPER.

3-2-07

Unical States Environmental Protection Agent Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



e: OK Section:		nty: OSAG Section:		Township: 23	N Ran e	ge: 07E		y Number: Location:		
DISPO	ctivity SAL Wells: _			Type of Permit Individual Area	Lease I					Number
19				South Qua	adrant Re	orting F	orm			
				ction ssure		otal Volu Injecte				g Annulus nal Monitor
Month	Year	Avg P	SIG	Max PSIG	BBL		MCF	Min PSI	G	Max PSIG
Jan	2005	C		0	30,0	00				
Feb	2005	. 1					<	8.3		15 g
Mar	2005						Particular	ECEIN	/ED	
Apr	2005								ng chemiterature in medjaren	7
May	2005							AUG n 0	2006	
Jun	2005								100	
Jul	2005							OEN-	AA	and the same of the same
Aug	2005									
Sep	2005									
Oct	2005									· ·
Nov	2005									
Dec	2005	8		0	30,00	00	S	v		
system person is, to th	designed to or persons e best of m	to assure that who manage ny knowledge	qualified the sys and beli	CERTI cument and all attact d personnel properly tem, or those person ef, true, accurate and ne and imprisonment	hments were gather and e s directly res d complete. I	prepared u valuate the consible for am aware	information sub gathering the ir that there are si	mitted. Based formation, the gnificant penal	on my in informat	quiry of the ion submitted

echanical Integrity Test Result

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency P.O. Box 1495

Pawhuska, OK 74056

Inspector: Gary J. Scott	Test Date: 03/09/2005 Test Time: 1:00 PM						
Operator Representative: TOBY CLEMISHIRE	Date Report Sent to Operator:						
General Well Data							
Operator: b(6)	Inventory Number: OS6031						
	API Well No.: 35-113-30780-00-00						
	Well Name/No.: BUGG 5						
	Location: NW 36 23N 7E 300N - 450W						
Phone: (918) 885-6203	Field name:						
Injection Interval: 2299 - 2305 USDW Bot:	Well Type: BR						
Annulus Fluid Type: Concentric Pkr:	Packer Depth: 2265 Casing: 7.000 in. Tubing: 2.875 in.						
Tubing and Annul	ulus Pressure Test Results						
Type of MIT: Std. Annulus Pres. Test	Test Reason: New Permit						
	ar Lining: Standard Time Since Ann Filled: Hrs						
Tubing Annulu							
Time Pressure Time Pressur							
Pre-Test: -30 0	re High: 200 psi psi Mid: 100 psi 2500 ml						
Initial: 1:00 PM -30 200	psi						
Mid: 1:15 PM -30 200	psi End: 0 psi 1400 ml						
Final: 1:30 PM -30 200	psi Total Volume: 5300 ml						
Casing/Tubing Annulus Monitoring Device:	ADA Pressure Test - Required Test Pressure (Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)						
Fluid Level: Annulus Prs: psi							
Test Result: Acceptable	Depth to Top Perf/Open Hole: ft ft						
Failure Type:	Depth to Fluid Level: ft ft						
Failure Cause:	Fluid Column Height: ft ft						
Repair Due:	Specific Gravity of Fluid: 1.06 1.06						
Engineer Signature: Kent W. Sanborn	Nitrogen Weight Factor:						
Review Date: 06/01/2005	Required Test Pressure: psi psi						

<u>Additional Comments for Mechanical Integrity Test</u>

NEW PERMIT. FLOWBACK WAS PACKER FLUID AND FRESHWATER.

Need n XP Astropert

States Environmental Protection Ag Underground Injection Control Program 1445 Ross Avenue Dallas, TX 75202-2733



erato	or:				0	Owne	r: b(6)		2
e: O	OK tion:		nty: OS Sectio		Township: 23	N Range : 0		ory Number: OS6 e Location: 300	
DIS	SPOS	tivity SAL Vells:			Type of Permit Individual Area	Lease Name	Suc	1,	ell Number JGG 5
					South Qua	drant Reportir	ng Form		
					ction ssure		Volume cted		sing Annulus tional Monitor)
М	lonth	Year	Avg	PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Ja	an	2005	V.	AC	0	30,000	*		ž.
F	eb	2005		1	0	(
М	1ar	2005			0				
A	pr	2005			Q)			
М	1ay	2005			0				
Ju	un	2005			©				2
Ju	ul	2005			0				
Aı	ug	2005			0				
Se	ер	2005			` 0	*			8
0	oct	2005			0		<u> </u>	11	
N	lov	2005			Ø				
D	ec	2005	1	ne.	0	30,000		7	
sys per is,	stem d rson or to the	esigned to persons best of my	assure t who man knowled	that qualifie age the sys dge and bel	ocument and all attach d personnel properly g stem, or those persons	FICATIO ments were prepar pather and evaluate directly responsible complete. I am aw	ed under my direct the information su e for gathering the are that there are	tion or supervision in a abmitted. Based on my information, the inforr significant penalties for 122.22).	/ inquiry of the
Na	ame a	and Offi	cial Tit ルベ	le:	Si	gnature:	0	Date Signed	i:

Scan Code: 30

Osage Nation / Environmental Protection Agency P. O. Box 1495 Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: <u>3/9/2005 12:00:00 PM</u> Duration: <u>0.3</u> Operator Representative: TOBY CLEMISHIRE Dt Scheduled: ____ Dt Op Notified **General Well Data and Inspection Information** Operator: __ Inventory No.: OS6031 API Well No. 35-113-30780-00-00 Well Name/No.: BUGG 5 Status: AI Location: NW 36 23N 7E 450W - 300N Well Type: BR Field Nm: Lat/Lng: 36.433545, 96.513045 G Phone: ROUTINE W/MIT INSPECTION Purpose: Permit Responsible Company at Time of Inspection: Inspect No.: iGJS0514440287 Notification Type: Incident No.: Date Letter Sent to Owner: _____ Extension Date: ____ Comply No.: Date Remedy Required: Date Passed: **Pressures / Conditions** Date Last MIT: 3/9/2005 Test Result: Casing: 7.000 in. Tubing: 2.875 in. USDW: ft subsurf Monitoring Device Elected: Tubing Annulus Monitoring Device: Fittings: <u>Y</u> AUTHORIZED -30 0 FLM Canister Pressure: Actual Pressure: Max Pressure: 0 Lease Status: Active UIC OV Min Req Press: How Determined?: Barrel Monitor Hooked Up?: ____ Static Fluid Level: _____ Max Rate: ____ Barrel Fluid Level (%): How Determined?: Flowline Hooked Up?: <u>Y_</u> Injection Rate (bpd): _____ How Rate Determined? Injecting?: N

Comments

NEW PERMIT. ANNULUS HELD PRESSURE DURING TEST.

Evaluation:	Name: Jurall Flux	_ Date:	5/3/105
	Inspection Results:/ Follow-up:A Reason:	ec	
	Violation Code: None Frequency: NR	R	Received Date: 5/26/200

6/1/05

Scan Code: 30

Osage Nation / Environmental Protection Agency P. O. Box 1495

Pawhuska, OK 74056

Inspect No.: IGJS0515830721 Notification Type: Incident No.: Date Letter Sent to Owner: Extension Date: Date Passed: Date Remedy Required: Date Passed:	Inspector: Gary J. Scott	Dt/Tm Inspected: 6/1/2005 12:1	5:00 PM Duration: 0.4				
Inventory No.: OS6031	Operator Representative: NONE	Dt Scheduled:	_ Dt Op Notified				
	General Well Data and Inspection Information						
Purpose: Permit Responsible Company at Time of Inspection: Inspect No.: iGJS0515830721 Notification Type:	Operator:	Well Name/No.: BUGG 5 Location: NW 36 23N 7E 450W - 300	Status: AI N Well Type: BR				
Inspect No.: iGJS0515830721 Notification Type: Incident No.:	ROUTINE UIC INSPECTION						
Incident No.: Date Letter Sent to Owner: Date Passed: Date Remedy Required: Date Passed: Date Passed: Date Last MIT: 3/9/2005 Test Result: Casing: 7.000 in. Tubing: 2.875 in. USDW: ft subsurf Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Active Barrel Monitor Hooked Up?: How Determined?: UIC OV Min Req Press: State: How Determined?: UIC OV Min Req Press: How Determined?: Injecting?: Y. Injecting?: Y. Injection Rate (bpd): How Rate Determined? Injection Rate (bpd): How Rate Determined? Inspection Results: / Follow-up: A Reason: Settle Line Level: Date: Line Line Line Line Line Line Line Line	Purpose: Permit	Responsible Company at Time of Inspection:					
Date Remedy Required: Date Passed:	Inspect No.: <u>iGJS0515830721</u>	Notification Type:					
Date Last MIT: 3/9/2005 Test Result: Casing: 7.000 in. Tubing: 2.875 in. USDW:ft subsurf							
Date Last MIT: 3/9/2005 Test Result: Casing: 7.000 in. Tubing: 2.875 in. USDW: ft subsurf Monitoring Device Elected: FLM Canister Pressure: Case Status: Active Barrel Monitor Hooked Up?: Static Fluid Level (%): Static Fluid Level (%): Static Fluid Level: Static Flu	Comply No.:	Date Remedy Required: Date Passed	1:				
Monitoring Device Elected:		Pressures / Conditions					
Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Injecting?: Comments Comme	Date Last MIT: 3/9/2005	Test Result: Casing: 7.000 in. Tubing: 2.875 in.	USDW:ft subsurf				
Inspection Results: / Follow-up: A Reason: Sec	Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Injecting?: Comments	Tubing Annulus Y Y	AUTHORIZED Max Pressure: 0 Min Req Press: Max Rate:				
Violation Code: North Frequency: NR Received Date: 6/10/200			Received Date: 6/10/200				

Scan Code: 30

Osage Nation / Environmental Protection Agency

Inspector: J. Andrew Yates		Dt/Tm Inspec	ted: $3/4/2$	2005 11:0	0:00 AM Duration: 0.3	
Operator Representative: TOBY CLEMISHIRE Dt Scheduled: Dt Op Notified						
General Well Data and Inspection Information						
Operator					Status: AI N Well Type: BR	
ROUTINE UIC INSPECTION						
Purpose: Fluid Level Monitoring Responsible Company at Time of Inspection:						
Inspect No.: <u>iJAY0506636210</u>	Notification Type:					
Incident No.:	Date Letter Sent to	Owner:	E	xtension I	Date:	
Comply No.:	Date Remedy Requ	uired:		ate Passed		
# 7 L +	Pres	sures / Conditions				
Date Last MIT:			Γubing: 2	2.875 in.	USDW:ft subsurf	
Monitoring Device Elected: Monitoring Device: FLM Canister Pressure: Lease Status: Barrel Monitor Hooked Up?: Barrel Fluid Level (%): Flowline Hooked Up?: Injecting?:	<u>Active</u> <u>N</u> <u>N</u>	Fittings: Actual Pressure: How Determined?: Static Fluid Level: How Determined?: Injection Rate (bpd)	Y 0 UIC 639 E	UIC 0 O	Max Pressure:	
Comments PRODUCTION WELL, COMPANY RUN TBG. & PKR. IN WELL. CONVERTING TO INJECTION WELL.						
Evaluation: Name:		w-up: R	Leason:		Date: <u>5/5/05</u> Received Date: 5/2/2005	